

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U S C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>25828</u>	2 Fiscal Year Covered From <u>1/1/2004</u> Through <u>12/31/2004</u>
3 Name and address of person filing Name <u>Jeffery Brian Perkins</u> P O Box Bldg Room No if any <u>P O Box 5188</u> Street <u>6-7024 Dort Highway</u> City <u>Flint</u> State <u>Michigan</u> ZIP Code + 4 <u>48505</u>	4 Name file number and address of labor organization Name <u>Laborers Local 1075</u> Labor Organization File Number <u>014056</u> P O Box Building and Room Number if any <u>P O Box 5188</u> Street <u>6-7024 Dort Highway</u> City <u>Flint</u> State <u>Michigan</u> ZIP Code + 4 <u>48505</u>
5 Position in labor organization	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>5-16-05</u> Date <u>(810) 686-8381</u> Telephone Number

Name of Person Filing Jeffery Brian Perkins	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **Jeffery Brian Perkins**
 Trade Name if any **Laborers Local 1075**
 P O Box Bldg Room No if any **P O Box 5188**
 Street **6-7024 Dort Highway**
 City **Flint**
 State **Michigan** ZIP Code + 4 **48505**

9 Business deals with

a Labor Organization

☒ Trust **Michigan Laborers' and Employers' Corp & Education Trust Fund**
☐ Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name **Jeffery B Perkins**
 Trade Name if any **Laborers Local 1075**
 P O Box Bldg Room No if any **P.O Box 5188**
 Street **6-7024 Dort Highway**
 City **Flint**
 State **Michigan** ZIP Code + 4 **48505**

11 a Nature of such dealing

- International Foundation
- Regist Fee
- Add'l Travel for Annual Conf
11/05

11 b Approximate dollar value of such dealing

3,641.50

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____
 Trade Name if any _____
 P O Box Bldg Room No if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14 a Nature of payment.

13 b Is the Business an Employer

or Consultant

?

14 b Amount of payment.

May 16, 2006

U S Department of Labor
Office of Labor Management
Standards
Washington, DC 20210

To Whom It May Concern

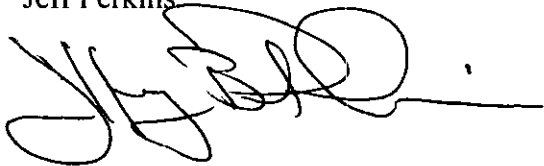
Please be advised that check #3929 dated May 19, 2006 in the amount of \$101 25 that I received for travel expenses incurred for a Board of Trustees meeting was endorsed over to Laborers Local 1075

I am submitting a copy of the receipt showing this check was receipted in to Laborers Local 1075 account

If you have any further questions regarding this matter, please contact me

Sincerely

Jeff Perkins

A handwritten signature in black ink, appearing to read 'Jeff Perkins', with a long horizontal line extending to the right.

Michigan Laborers Health Care Fund
Michigan Laborers Pension Fund
Michigan Laborers Annuity Fund
Michigan Laborers Vacation Fund
Michigan Laborers Training and
Apprenticeship Fund
Michigan Laborers and Employers
Cooperation & Education Trust Funds
Managed for the Trustees by
TIC International Corporation

Michigan Laborers' Fringe Benefit Funds

6525 Centurion Drive ■ Lansing MI 48917 9275 ■ (517) 321 7502 ■ Fax (517) 321 7508
Toll Free 877 MI LABOR (877 645 2267) ■ www.michiganlaborers.org

April 6, 2006



Jeff Perkins
3190 Whitter Drive
Port Huron Township, MI 48060

RE **MICHIGAN LABORERS' AND EMPLOYERS'
COOPERATION & EDUCATION TRUST FUND
Information on Expenses Paid by the Fund**

Dear Jeff

As you are aware, the U S Department of Labor issued a statement on June 22, 2005, dealing with *Trusts and Form LM-30 and Form LM-10*, which indicates that a Union officer and/or employee must report on Part B of the Form LM-30 "any interests in, transactions with, or income or other benefits (*including reimbursed expenses*) from the trust" That statement, which includes questions and answers, can be found at

www.dol.gov/esa/regs/compliance/olms/LM30_LM10_Trusts_Info.htm

After consulting with the Fund's Legal Counsel, we have once again prepared for your information the enclosed summary of expenses paid by the Fund to you or on your behalf in calendar year 2005 or accounted for by you in 2005

Sincerely,

James E Schreiber
Administrative Manager

JES/mak

Enclosure

Xc Christopher Legghio



MICHIGAN LABORERS AND EMPLOYERS COOPERATION AND EDUCATION TRUST FUND

TRAVEL EXPENSES RECEIVED FROM JANUARY 1 2005 THROUGH DECEMBER 31 2005

JEFF PERKINS

CHECK DATE	PAYEE	AMOUNT	PURPOSE
8/8/2005	International Foundation	\$960 00	Regist fee for Annual Conference - 11/05
10/12/2005	Jeff Perkins	\$2 650 00	Travel Advance for Annual Conf 11/05
2/24/2005	Jeff Perkins	\$31 50	Add'l Travel for Annual Conf 11/05
TOTAL		\$3,641 50	
2/25/2005	Local Union 1075	\$97 20	2/23/05 BOT Meeting - Transportation
5/19/2005	Jeff Perkins	\$101 25	5/18/05 BOT Meeting - Transportation
8/18/2005	Local Union 1075	\$81 00	8/17/05 BOT Meeting - Transportation
11/23/2005	Local Union 1075	\$110 34	11/23/05 BOT Meeting - Transportation
TOTAL		\$389 79	

**MICHIGAN LABORERS - EMPLOYERS
COOPERATION & EDUCATION TRUST FUND
GENERAL ACCOUNT**

ACCOUNT NO			VENDOR JEFF PERKINS		CHECK NO 3929	CHECK DATE 05/19/05	
VOUCHER	INVOICE NUMBER	INV DATE	REFERENCE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
			5/18/05 BOT MEETING EXPENSE				
						CHECK TOTAL 101.25	

Administered By
TIC INTERNATIONAL CORP

MICHIGAN LABORERS - EMPLOYERS
COOPERATION & EDUCATION TRUST FUND
GENERAL ACCOUNT
6525 Centurion Dr
Lansing MI 48917 9275



003929

9-32
720

PAY

****One Hundred One And 25/100 Dollars*******

CHECK NO	CHECK DATE	VENDOR NO
3929	05/19/05	

CHECK AMOUNT
\$ 101.25

TO THE
ORDER
OF

**JEFF PERKINS
LOCAL UNION 1075
PO BOX 5188
FLINT MI 48505-0188**

**MICHIGAN LABORERS - EMPLOYERS
COOPERATION & EDUCATION TRUST FUND
GENERAL ACCOUNT**

James Schreiber

AUTHORIZED SIGNATURE

⑈003929⑈ ⑆072000326⑆

7654634⑈

LABORERS' INTERNATIONAL UNION
OF NORTH AMERICA
LOCAL UNION NO 1075
AFFILIATED WITH THE AFL CIO

PO Box 5188
Flint MI 48505
(810) 686 8381
(810) 686 1906

115098

RECEIVED FROM GENERAL REIMBURSEMENTS

RECEIPT NO
129158-129441
CARD NO 0

DATE
6/17/05

THE SUM OF \$***101 25



MISC COLLECT,,

101 25

TOTAL 101 25

GENERAL REIMBURSEMENTS

00000

Eduardo A Garcia

CASHIER Nancy

SECRETARY / TREASURER